## BEST AVAILABLE COFT

	PATENT A	<b>B</b> D	Application/or Docket Number									
	PAIENIA		219-40391200									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			36				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 3		OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		16		,	X\$ 9=		OR	X\$18=	280
INDEPENDENT CLAIMS			3 minus 3 =		Ø		. [:	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT					135=		OR	+270=	
*If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	492
CLAIMS AS AMENDED - PART II							_			' 	OTHER	
_		(Column 1)	9-30-04 (Column 2)			(Column 3)	n 3) SMAL		ADDI-	OR I	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 36	Minus	•• <u>E</u>	36	=	<b> </b>	X\$ 9=		OR	X\$18=	
MEN	Independent	• 3	Minus	*** (	3	=		X40=		OR	X80=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	T CLAIM		╹┌	-135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)	(Column 2) (Column 3			(Column 3)		DIT. FEE			ADDII. I CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	] [ ;	X\$ 9=		OR	X\$18=	
	Independent	٠	Minus	***	= =	<u> -</u>		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]  -	+135=		OR	+270=	
	•							TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3									•	ADDII. 1 CC	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA	<b>]</b>	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	] [	X\$ 9=		OR	X\$18=	·
MEN	Independent	•	Minus	•••		=	┧┞	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	070	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
"If the entry in column 1 is less than the entry in column 1 is less than 20. enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	The "Highest Nu	mber Previously P	aid For (Total o	r Indeper	ndent) is t	ne nignesi numi	DEL IOUN	eninia ed	Anohiiere n	,, .,, <b>u</b>		